



RESERVATION REQUEST

REGISTERED USER GROUP NAME: _____

NAME OF APPLICANT: _____

(Please print, must be authorized name of person who signed User Agreement)

Signature: _____ **Email:** _____

Phone: (W) _____ (H) _____ (C) _____ (Fax) _____

CCSR RESERVES THE RIGHT TO ESTABLISH PRIORITIES

**** REMEMBER TO CANCEL YOUR RESERVATIONS 48 HOURS IN ADVANCE**

EVENT DATE (NOTE 1) (mm/dd/yy)	DETAILS OF THE COURSE OF FIRE (NOTE 2)	RANGE OR AREA REQUESTED	TIME START/END	LIGHTS NEEDED YES/NO	OVERNIGHT USE? (Set-up/Clean- up) YES/NO	TRAINING ROOM REQUESTED	TIME START/END	EVENT SANCTIONED BY (NOTE 3)

Notes: (1) Include Set up and Clean up days if no one can use the training room, range or area because of your activities

(2) CCW, Tactical, Steel Targets, Paper Targets, Shotgun, Carbine, Full Auto, etc.

(3) For Sanctioned event, must be national, international group, NRA, IDPA, ATA, etc.